U.த. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 73071	2. Fiscal Year Covered From:
	1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name MARK RUNDLE	Name LABORERS LOCAL 32
	Labor Organization File Number 0/697/
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any SUITE F
Street 127 BARRY AVE	Street 4477 LINDEN RD
City BYRON	City ROCKFORD
State	State IL ZIP Code + 4 61109
5. Position in labor organization. Executing Board	Member
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. PLEASE BE ADVISED THAT, BASED ON THE RECORDS THAT ARE CURRENTLY IN MY POSSESSION RELATED TO CALENDER YEAR 2004, I DO NOT HAVE, TO THE BEST OF MY KNOWLEDGE, ANY LM-30 REPORTABLE TRANSACTIONS. I AM FILING THIS FORM TO QUALIF
P.O. Box, Bldg., Room No., if any	7.b. Amount AND THE PRIOR FIVE YEARS.
Street	
City [
State ZIP Code + 4	-
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Mah 2 Rundle	On 7/2/05 85-823-8825 Date Telephone Number
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Name of Person Filing	File Number U-	1
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any	Same as 7.a on Page 1	
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	Come on 7 or Peggs 1	
Trade Name, if any:	Same as 7.a on Page 1	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	